



E000775

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION, BUREAU
OF HEALTH SERVICES RESEARCH AND EVALUATION
NOTICE OF GRANT AWARD

Under Authority of Federal Statutes and Regulations, and HSMHA
Policy Standards Applicable to the Following Grant Program:

REGIONAL MEDICAL PROGRAMS

1. DATE ISSUED (Mo., day, yr.) August 27, 1973	2. CATALOG OF FED. DOM. ASSIST. NO. 13,249
3. SUPERSEDES AWARD NOTICE dated <u>June 30, 1973</u> except that any conditions or restrictions previously imposed remain in effect unless specifically rescinded.	
4. PROJECT IDENTIFICATION NO. 5 G03 RM 00059-04A3	5. ADMINISTRATIVE CODES N/A
6. PROJECT PERIOD From <u>4/1/69</u>	Through <u>12/31/73</u>
7. BUDGET PERIOD From <u>9/1/72</u>	Through <u>12/31/73</u>

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 53 spaces)

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

9. GRANTEE (Name and Address)

Pennsylvania Medical Society
Taylor Bypass and Erford Road
Lemoyne, Pennsylvania 17043

10. DIRECTOR OF PROJECT (PROGRAM OR CENTER DIRECTOR, COORDINATOR OR PRINCIPAL INVESTIGATOR) (Name & Address)

Mr. Chad Combs
Susquehanna Valley Regional Medical Program
1104 Fernwood Avenue, Box 541
Camp Hill, Pennsylvania 17011

11. APPROVED BUDGET FOR HRA FUNDS

BUDGET CATEGORIES For items identified by Asterisk*, see remarks	FINANCIAL ASSISTANCE A	DIRECT ASSISTANCE B
a. PERSONAL SERVICES	\$ 565,381	\$
b. PATIENT CARE		
c. EQUIPMENT	16,230	
d. CONSTRUCTION		
e. OTHER: (Specify)		
Consultant Serv.	20,933	
Supplies	10,923	
Travel	18,312	
Publications	3,647	
ALL OTHER	209,725	
f. TRAINEE COSTS		
g. TOTAL APPROVED BUDGET	\$ 845,151	

12. SOURCE OF HRA FINANCIAL ASSISTANCE

a. APPROVED BUDGET (11 g. Col. A)	\$ 845,151
b. INDIRECT COSTS (RATE <u>17</u> % Base: S&W - TADC of \$ _____)	\$ 153,404
c. TOTAL	\$ 998,555
d. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD(S)	\$ 133,075 2/
e. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD	\$ 844,959
f. AMOUNT OF THIS ACTION	\$ 20,521

13. REQUIRED GRANTEE PARTICIPATION

- INSTITUTIONAL COST SHARING AGREEMENT
EFFECTIVE DATE _____
- INDIVIDUAL GRANT AGREEMENT _____ %
- MATCHING AGREEMENT _____ %
- OTHER \$ _____ NONE REQUIRED

15. RECOMMENDED FUTURE SUPPORT (Subject to availability of funds)

BUDGET YEAR	FISCAL YEAR	BUDGET PERIOD	TOTAL DIRECT COSTS

14. REMARKS

- 1/ Indirect costs are awarded based on current negotiated indirect cost rates.
- 2/ Actual unexpended balance from the 03 budget period (\$86,378) and grant related income (\$46,697).
- Amended Award issued June 30, 1973, provided \$213,960 additional funds in items 11a, 12a and 12f. These funds remain unavailable for expenditure until advised by RMPS.

17. FINANCIAL MANAGEMENT OFFICIAL (Title & Address)

Assistant Treasurer
Pennsylvania Medical Society
Taylor Bypass and Erford Road
Lemoyne, Pennsylvania 17043

18. HRA OFFICIAL (Signature, Name and Title)

Robert van Hoek, M.D.
Robert van Hoek, M.D., Acting Director
Bureau of Health Services Research and Evaluation

19. FOR HRA INFORMATION ONLY	a. PHS LIST NO. RM-6-74	b. PAYMENT SYSTEM <input type="checkbox"/> HSMHA <input type="checkbox"/> R.O. <input checked="" type="checkbox"/> NIH	c. DIRECT ASSISTANCE FUNDS FY _____ \$ _____ FY _____ \$ _____	d. GRANTEE LOCATION CODES City <u>440</u> State <u>37</u> County <u>041</u> Cong. Dist. <u>19</u>
	e. ACCOUNTING DATA 7540321 04-190109 4-3990402 41.91 NIH 796789 HSM 400756			